

June 2020

COVID-19

AHCCCS is responding to an outbreak of respiratory illness, called COVID-19, caused by a novel (new) coronavirus. Health officials urge good hand washing hygiene, covering coughs, and staying home if you are sick.

On March 11, Governor Doug Ducey issued a [Declaration of Emergency](#) and an [Executive Order](#) regarding the COVID-19

outbreak in Arizona, and subsequent [Executive Orders](#) with further administrative actions.

To address Medicaid-related questions from providers and contractors about COVID-19, AHCCCS has developed a list of Frequently Asked Questions Regarding Coronavirus Disease 2019 (COVID-19), updated regularly as more information becomes available.

COVID-19 FAQs

Learn how to protect yourself and stop the spread of COVID-19. Visit azdhs.gov/COVID19 and cdc.gov/COVID19.

Telehealth

Important Notice: Information contained within the Telehealth Training Manual has been transitioned into the following areas:

- AHCCCS Medical Policy Manual ([AMPM](#)) 320-I, [Telehealth Services](#).
- The Fee-For-Service (FFS) and IHS/Tribal Provider Billing Manuals
 - [Chapter 10, Individual Practitioner Services, of the Fee-for-Service Provider Billing Manual](#)
 - [Chapter 8, Individual Practitioner Services, of the IHS/Tribal Provider Billing Manual](#)

AMPM 320-I, Telehealth Services, recently finished up a public comment period. AHCCCS is reviewing the public comments and upon finalizing our review will post updates in the AMPM.

CONTACTS

- For provider training questions and technical assistance with the online web portal please outreach the Provider Training Division of DFSM through email at ProviderTrainingFFS@azahcccs.gov.
- Training materials for FFS Providers and upcoming Provider Training Sessions can be found on the [DFSM Provider Training Web Page](#) on the AHCCCS website.
- DFSM is excited to announce the publication of a [Provider Video Library](#), available on the Provider Training Web Page on the AHCCCS website.

- Prior Authorization Questions FFS PA Line (602) 417-4400
- Claims Customer Service Billing Questions (602) 417-7670 - Option 4
- Provider Registration Process Questions (602) 417-7670 - Option 5
- Provider Registration – Fax Applications (602) 256-1474

ELECTRONIC PAYMENT SIGN UP

Electronic Payment Sign Up (Remittance Advice Sign Up/835)

Contact: ISDCustomerSupport@azahcccs.gov -OR- call 602-417-4451

The “Four Walls” Provision and IHS & 638 Providers

For IHS and 638 providers, what services are eligible for reimbursement at the All Inclusive Rate (AIR), and which are not?

Reimbursement depends on:

- The provider type billing,
- Whether or not the “4 Walls” apply to that provider type,
- If the “4 Walls” does apply, the location of the member and provider rendering services, and
- Whether or not the service being provided meets the definition of a clinic visit.

The “**Four Walls**” of an IHS/638 Clinic refer to the physical building the clinic operates within.

The CMS interpretation of section 1905(a)(8) of the Social Security Act, in 42 CFR 440.90, specifies that “clinic services” do not include any services delivered outside of the “four walls” of the clinic, except if services are provided to a homeless individual.

Four Walls Applicability

1. The Four Walls provision **applies** to free-standing IHS/638 clinics:

- The AIR May Be Billed:
 - If either the member or the provider/clinician is located inside the four walls of the free-standing IHS or tribally-owned or operated 638 clinic, and the service provided meets the definition of a clinic visit/facility-defined service, the AIR may be billed the clinic.
 - NOTE: The clinic **and** the provider/clinician **cannot both bill for the same service**. Either the clinic bills for the AIR, or the provider/clinician bills at the capped FFS rate. It cannot be both.
- The AIR May Not Be Billed:
 - If neither the member nor the provider/clinician is located inside the four walls of the free-standing IHS or tribally-owned or

operated 638 clinic, the service cannot be reimbursed at the AIR. It would have to be billed at the capped FFS rate (unless the service is being provided to a homeless individual).

2. The Four Walls provision **does not apply** to IHS/638 hospitals or to their hospital-affiliated (provider-based) outpatient clinics:

- Neither the member nor the provider/clinician need to be physically located within the four walls in order for the hospital or their affiliated clinic(s) to bill the All Inclusive Rate for services otherwise considered to be facility services.
- Note: Either the hospital or their affiliated clinic(s) bills for the AIR under the hospital ID, or the provider/clinician bills at the capped FFS rate. It cannot be both.

3. The Four Walls provision **does not apply** to 638 FQHCs:

- Neither the member nor the provider/clinician need to be physically located within the four walls in order for the 638 FQHC to bill the APM for services otherwise considered to be clinic services.
- Note: Either the 638 FQHC bills for the APM, or the provider/clinician bills at the capped FFS rate. It cannot be both.

COVID-19 Notation: In March of 2020, AHCCCS outreached CMS and requested the flexibility to reimburse free-standing clinics at the AIR for telehealth and telephonic services during the COVID-19 declaration of emergency, even if neither the member nor the clinician was within the “Four Walls”, but a clinic visit/facility defined service was being provided.

- Per FAQs issued on January 18, 2017, CMS does not intend to review claims for services furnished by IHS/Tribal clinic providers “outside the Four Walls” of the clinic prior to January 30th, 2021.
 - See QA#13, [in the FAQs](#)

Billing for Telehealth and Telephonic Services as an IHS/683 Provider

Question: How does an IHS/683 Provider bill telehealth services?

Answer: Telehealth is billed **consistent with the guidance outlined in the IHS/683 billing manual.**

IHS and 638 hospitals (including their satellite clinics) and free-standing IHS/638 clinics have the ability to bill for telehealth and telephonic services. This includes the newly released tele-

phonic services released due to COVID-19.

For specific billing instructions regarding telehealth and telephonic services, please see Chapter 8, Individual Practitioner Services, of the IHS-Tribal Provider Billing Manual. The Division of Fee-for-Service Management has not changed the way to bill for telehealth services, but has expanded what services can be delivered via telehealth and telephonically.

AHCCCS Announces Provider Enrollment Portal (APEP) Launch Date Change

Due to a prioritized response to the COVID-19 emergency, AHCCCS has changed the launch date of the new AHCCCS Provider Enrollment Portal (APEP) to August 31, 2020.

On that date, the AHCCCS Provider Enrollment process will move from a manual, paper-based system to a new, online system. The new online system will allow providers to:

- Enroll as an AHCCCS provider.
- Update information (such phone and addresses).
- Upload and/or update licenses and certifications.

This change, from a manual process to an automated system will streamline the provider enrollment process. Initial applications will be processed more quickly and changes to current enrolled providers will all be completed online.

Until the automated APEP system is launched, providers are asked to use this Provider Enrollment paper application.

If you have questions please contact AHCCCS Provider Enrollment at: 1-800-794-6862 (In State - Outside of Maricopa County) 1-800-523-0231 (Out of State)

Electronic Visit Verification (EVV) Update

****This communication is intended for stakeholders interested in information pertaining to the Electronic Visit Verification (EVV) requirements****

This notice is intended to provide an update on the EVV timeline along with a summary of information that will be posted on the EVV website (www.azahcccs.gov/EVV) to support providers in preparing to comply with the EVV mandate. The following are a few highlights of the information that has been updated on the AHCCCS EVV webpage.

Timeline

In an effort to accommodate for delays due to the COVID-19 response efforts, AHCCCS is postponing the compliance date for EVV from 10/01/2020 to 01/01/2021. Beginning, 01/01/21, all providers subject to the EVV requirements must use EVV to verify service delivery. More detailed information can be found on the EVV webpage (www.azahcccs.gov/EVV) under the "EVV Timeline" tab.

Differential Adjusted Payment

AHCCCS intends to offer a Differential Adjusted Payment (DAP) opportunity for providers who are subject to EVV. Providers who submit the appropriate attestation (depending on their plans for compliance with EVV) may receive an increased percentage to their current rate for services subject to EVV during the period of 10/01/2020-09/30/2021.

Completed attestations must be received by May 29, 2020 to be considered for the DAP. Please send your completed attestation using the templated provided by AHCCCS to BOTH evv@azahcccs.gov and FFSRates@azahcccs.gov. More detailed information can be found on the EVV webpage (www.azahcccs.gov/EVV) under the "Differential Adjusted Payment Opportunity" tab.

continued

Electronic Visit Verification (EVV) Update Continued

Please note – Funding for DAP rate increases is subject to the appropriation of State funds and State budget constraints. Federal funding for DAP rate increases is contingent upon federal approval. All decisions or considerations included in this notice are therefore subject to the availability of funds and federal approval.

Alternate EVV Requirements

AHCCCS has posted the Alternate EVV vendor system and technical specification requirements to the AHCCCS website for those providers choosing to use an alternate vendor from AHCCCS' selected vendor, Sandata Technologies LLC. More detailed information can be found on the EVV webpage (www.azahcccs.gov/EVV) under the "Alternate EVV System Requirements and Technical Specifications" tab.

AHCCCS is planning to host a webinar to answer any questions

providers have on the requirements and technical specifications for alternate EVV systems. More details on the date/time are forthcoming.

Please sign up for the AHCCCS Constant Contact email list to receive any and all EVV notices (like this one) from AHCCCS under the "Stay Informed" tab on the AHCCCS website.

AHCCCS appreciates the active engagement of the providers and continues to monitor and respond to emails while noting the topics of most interest to the stakeholder community. This correspondence along with other provider outreach and engagement activities continues to help us to prioritize communication topics as well as build our directory and timeline for the release of future FAQ installments.

Claims – How to Register as a Provider and Receive Payment for Services Rendered

As an AHCCCS registered provider, providing services and submitting claims for American Indian Health Program members can be a straightforward and simple process. Allow us to show you how.

1. Provider Registration
2. Enrolling in AHCCCS Online
3. Electronic Remittance Advice Setup
4. Claim Submission
5. Documentation Submission & Enrolling for the Transaction Insight Portal
6. Payment

1. Provider Registration

To receive reimbursement for services rendered to AHCCCS members, all providers must be registered with AHCCCS. This requirement applies to all providers and provider types, including out-of-state providers.

Any provider or organization may participate as an AHCCCS provider if the provider or organization is qualified to render a covered service and complies with AHCCCS policies and procedures for provider participation.

AHCCCS registered providers (also called Fee-For-Service providers) are able to provide services to American Indian Health Program (AIHP) members. FFS providers do not need a separate contract with AHCCCS AIHP, Tribal ALTCS, or a TRBHA to provide Medicaid Title XIX and XXI services to FFS members as the contractual relationship is established via the Provider Participation Agreement.

To register with AHCCCS, a provider must:

- Meet AHCCCS requirements for professional licensure, certification or registration;
- Sign the Provider Participation Agreement (PPA);
- Complete an application;
- Complete and sign all applicable forms;
- Submit documentation of National Provider Identification (NPI) Number (if applicable); and
- Submit a Disclosure of Ownership if registering as an organization or facility.

Note: Please note that institutions (organizations/facilities) are required to pay an [enrollment fee](#), effective January 1, 2012. Specific provider types will require an OIG site visit prior to enrollment, and are subject to unannounced post enrollment site visits ([Required Fee and-or Site Visit by Provider Type](#)).

continued

Claims – How to Register as a Provider Continued

Information and registration materials may be obtained by calling the AHCCCS Provider Registration Unit at:

Phoenix area: (602) 417-7670 (Option 5)

In-state: 1-800-794-6862 (Option 5)

Out of state: 1-800-523-0231 Ext. 77670

[AHCCCS Provider Registration materials](#) are also available on the AHCCCS website.

2. Enrolling in AHCCCS Online

FFS Providers can take advantage of the [AHCCCS Online Provider Portal](#), which offers a quick and easy way to submit claims and prior authorization requests online. In addition, a provider can check a member's eligibility and for the status of their claims and prior authorization requests all in this one easy location.

AHCCCS *highly* encourages providers to sign up for the AHCCCS Online Provider Portal, due to its ease of use. Registering is free and there are no transaction charges.

To register click on the 'Register for an AHCCCS Online account' option in the left hand column. You will need either your NPI (or AHCCCS ID number if you do not have an NPI) and your Tax ID number.

The Division of Fee-For-Service Management (DFSM) has a [training page](#) with a number of trainings on AHCCCS Online.

- [Verifying Member Eligibility Online](#)
- [Online Prior Authorization Submission](#)
- [Online Behavioral Health Prior Authorization Submission](#)
- [Online Claim Submission: Dental Claim ADA Type \(ADA-2012 equivalent\)](#)
- [Online Claim Submission: Institutional Claim Type \(UB-04 equivalent\)](#)
- [Online Claim Submission: Professional Claim Type \(CMS-1500 equivalent\)](#)

Please see [Chapter 3, Provider Records and Registration, of the IHS/Tribal Provider Billing Manual](#).

3. Electronic Remittance Advice (ERA/835) Setup

Did you know that you can receive the Remittance Advice electronically? To sign up submit an inquiry to AHCCCS by emailing EDICustomerSupport@azahcccs.gov or calling (602) 417-4451,

between 7:00 AM and 5:00 PM (Arizona Time), Monday through Friday.

4. Claim Submission

Claims can be submitted to AHCCCS in a variety of ways:

- HIPAA-Compliant 837 Electronic Transaction Process **(recommended)**
- AHCCCS Online Provider Portal
- By Mail

HIPAA-Compliant 837 Electronic Transaction Process

- If a provider is interested in being set up to submit claims via the HIPAA-compliant 837 Electronic Transaction Process, please email EDICustomerSupport@azahcccs.gov and request to become an AHCCCS Trading Partner. They will then be provided with additional information.

AHCCCS Online Provider Portal

- Trainings with screen shots can be found for each claim type:
 - [Online Claim Submission: Dental Claim ADA Type \(ADA-2012 equivalent\)](#)
 - [Online Claim Submission: Institutional Claim Type \(UB-04 equivalent\)](#)
 - [Online Claim Submission: Professional Claim Type \(CMS-1500 equivalent\)](#)

Mail - Paper Claims

- All paper claims should be mailed, with adequate postage, to:

AHCCCS Claims
P.O. Box 1700
Phoenix, AZ 85002-1700

After a claim is submitted it is sent through the FFS claims processing cycle, where the FFS business rules are applied. Our processing cycle reviews each field to ensure that data is not missing, incorrect, or invalid.

1. If data is missing, incorrect, or invalid (i.e. a letter is listed instead of a number) in a required field the claim may not make it all the way through the processing cycle. In these cases the claim will stop and be sent back to the provider for correction.

continued

Claims – How to Register as a Provider Continued

It is up to the provider to fill in the missing, incorrect or invalid data and to resubmit before further processing/review can occur.

2. If there is no missing, incorrect, or invalid data in fields, the claim will make it through the processing cycle. At this point the claim will be, based on the information entered on the claim:
 - Approved,
 - Denied, or
 - Held for additional review by adjudication or medical review.
3. When a claim is held for review by adjudication or medical review, AHCCCS will either choose to approve or deny the claim based on the information submitted, or may determine that additional information is needed and request documentation. The ultimate outcome of adjudication and medical review is approval or denial of the claim.
4. When a claim is denied a correspondence is generated for the provider, which explains why the claim was denied. This is called the Remittance Advice or Electronic Remittance Advice (ERA). This will be sent to the provider, and it is up to the provider to make corrections to the claim and to resubmit it to AHCCCS for reprocessing (this is called 'replacing a claim' because it is replacing a previously submitted claim).
5. Approved claims go to finance, where funds are either transferred via direct deposit to the provider or a check is printed.

For additional information please visit the following chapters in our Provider Billing Manuals:

- [Chapter 4, General Billing Rules](#)
- [Chapter 5, Claim Form Requirements](#)
- [Chapter 16, Claims Processing](#)
- [Claims Errors](#)
- [Chapter 18, Understanding the Remittance Advice](#)

5. Documentation Submission & Enrolling for the Transaction Insight Portal

Did you know that you not only can submit your claims online, but you can submit your documentation online? Trip reports, discharge summaries, and other medical documentations can all be submitted online to AHCCCS using the [Transaction Insight Portal](#).

To learn more about the Transaction Insight Portal and how to submit documentation through it please visit our step-by-step training (with screenshots) at: [Transaction Insight \(TI\) Portal Web Upload Attachment Guide](#)

6. Payment

Payment for paid claims can be received in two ways:

- Direct Deposit
- Vendor Check (also called Vendor Warrant)

Direct Deposit

- Providers can sign up for direct deposit of checks using the Automated Clearing House (ACH). This eliminates the need to wait for checks to arrive in the mail. To register for direct deposit, providers simply need to sign up for [Electronic Funds Transfer \(EFT\) payments](#).

Benefits of Receiving Payments Electronically:

- Immediate availability of funds;
- Fully traceable payments;
- Elimination of mail and deposit delays;
- Elimination of lost, stolen, or misplaced checks; and
- Elimination of stale checks to be recovered from Unclaimed Property.

If you have questions on how to enroll for EFT payments, and you are in the Metro Phoenix area codes of 602, 480, or 623, you can call us at 602-417-5500. Otherwise, the toll free number is 877-500-7010.

Vendor Checks/Vendor Warrants

- Effective 11/5/18, Vendor Checks are mailed on Fridays.

Prior Authorization and Concurrent Updates

AHCCCS Prior Authorization (PA) and Concurrent Review (CR) Standards during COVID-19 Emergency for Fee-for-Service Health Programs

March 25th, 2020

This memo outlines the updated AHCCCS Prior Authorization and Concurrent Review Standards for **AHCCCS Division of Fee-for-Service Management (DFSM)** in response to Governor Ducey's declaration of a public health emergency for COVID-19 and is effective April 1, 2020, through the duration of the emergency. These changes impact members enrolled with a Fee-for-Service Program, including the American Indian Health Program (AIHP), Tribal Regional Behavioral Health Authorities (TRBHAs), and Tribal Arizona Long Term Care Services (Tribal ALTCS).

These standards are subject to change as the emergency conditions evolve.

All services reimbursed must be medically necessary, cost-effective, federally and state reimbursable, and will be subject to post-payment review.

I. Behavioral Health Services

Initial prior authorization is still required for non-emergency Behavioral Health Inpatient, Residential Treatment Center (RTC) and Behavioral Health Residential Facility (BHRF) levels of care.

DFSM plans to extend concurrent reviews from 30 to 90 days for Residential Treatment Center (RTC) levels of care.

Clinical Staffings, Child and Family Teams (CFTs), Adult Recovery Teams (ARTs), and coordination of care between facilities and outpatient providers should continue to inform appropriate levels of care and continued stay. Telehealth and telephonic modalities are strongly encouraged for these staffings and coordination.

II. Dental Services

Dental prior authorization approvals, which are within 60 days of expiration, will be extended for 6 months.

III. Pharmacy Services

A. Refill-too-soon edits and 90 day fills

OptumRx Clinical Affairs is allowing members to refill their maintenance medications early to ensure they have an uninterrupted supply of medication during the COVID-19 emergent time as outlined below.

1. The refill-too-soon edit on all non-controlled medications has been removed.
 - a) Members may continue to fill prescriptions for up to a 30-day supply or they may fill a 90-day supply of maintenance medications, both of which may be done early.

Members must have refills remaining on file at their pharmacy.

- b) Specialty medications, which are filled for a 30-day supply and delivered to the member's home, may be filled early for the same day's supply as previously filled.

To override for a specialty medication, IHS & 638 Pharmacies must submit the following in the NCPDP fields:

- A value of, the number, 1 in the Prior Auth Type Code Field (461-EU); and
- A value of, the numbers, 88885 in the Prior Auth Number field (462-EV).

The entry of values into both of these NCPDP fields will allow prescription claims from IHS/638 Pharmacies to override the 30 Day Supply Limit to a 60-day supply for AIR Specialty when the member has a history of the product in their claim history. The maximum days supply that may be adjudicated is for a 60-day supply.

- c) DFSM's pharmacy benefit manager (PBM), OptumRx, will continue to ensure that quantity limits and duplicate therapy edits will not cause a rejection when the prescription is refilled early.
- d) For IHS/638 Pharmacies, members may continue to obtain their chronic medications for up to a 90-day supply, for reimbursement at the AIR .

2. Controlled Substances may be refilled early when the pharmacy staff has checked with the prescribing clinician and the clinician has agreed to the early refill. The pharmacy staff or the prescribing clinician shall contact the OptumRx help desk for an immediate override.

- The opioid current maximum fill is 30-days and an additional fill would be for a maximum of 30 days.

3. Removal of prior authorization for specific therapeutic classes:

- a) Prior authorization requirements have been removed for the following Therapeutic Classes:
 - Beta2 Agonist Inhalers, Inhalant Solutions and Oral Agents
 - Inhaled Short and Long Acting Anticholinergic Inhalers

Prior Authorization and Concurrent Updates Continued

- Long-acting Beta2 Agonist-Corticosteroid Combination Inhalers
- Long-acting Beta2 Agonist-Anticholinergic Combination Inhalers
- Corticosteroid Inhalers and Inhalant Solutions
- Corticosteroid Oral Agents
- Nebulizers (must be available through pharmacies)
- Cough and Cold products
 - o Antihistamines
 - o Nasal Decongestants
 - o Combination products of antihistamines and nasal decongestants
 - o Cough suppression products including guaifenesin and combination products
 - o Guaifenesin oral tablets and combination products
 - o Analgesics / Anti-febrile products (aspirin, ibuprofen, acetaminophen, acetaminophen suppositories, etc.)
- Mast Cell Stabilizers
- Methylxanthines (aminophylline and theophylline)

For Dual Eligible Drug Plans – OTC products that are included in the drug classes above will also be added to the Dual Eligible Drug List.

B). Prior Authorization Extensions

For members enrolled in the American Indian Health Program (AIHP), Tribal ALTCS, or a TR-BHA, approved prior authorizations for all medications, which are set to expire on or before May 1, 2020, will be extended for an additional 90 days. The pharmacy may have to contact the provider for an

approval to request a fill of an expired prescription, but a prior authorization will not have to be submitted during the 90 day prior authorization extension.

Prior authorizations for medications with significant abuse potential (i.e. opioids) or those that are general dosed for finite durations or intermittently (i.e. hepatitis agents) will not be extended. Those PAs will follow the normal process for renewals.

C. Addressing Drug Shortages

1. The AHCCCS Drug List has preferred medications that the AHCCCS Medical Policy Manual

(AMPM) 310-V specifies should be utilized prior to a non-preferred agent. In the event of a shortage, a non-preferred medication must be approved.

For example, ProAir is the preferred albuterol inhaler. Using ProAir as an example, if there is a shortage of ProAir, OptumRx, subject to AHCCCS' approval, will allow all other branded and generic albuterol products to be reimbursed through the pharmacy claims system without prior authorization.

- As of 3/26/20 ProAir and Tamiflu are both in short supply, and OptumRx will allow for reimbursement of all federally and state reimbursable generic and brand products.
2. Please check the FDA web links daily for shortage updates:
 - a) <https://www.accessdata.fda.gov/scripts/drugshortages/default.cfm>
 - b) <https://www.fda.gov/news-events/press-announcements/coronavirus-covid-19-supply-chain-update>
 3. To ensure access to care, DFSM and OptumRx shall not require a prior authorization for compounded drugs for children under the age of ten years old.

D. Signature Requirements

42 CFR 456.705 and the Arizona State Board of Pharmacy requires that members receive counseling when prescriptions are dispensed. While counseling is still required, the Arizona State Board of Pharmacy has waived the member's signature requirement, and will instead allow the pharmacist to enter confirmation that counseling occurred. This will allow members to not have to sign a document and to keep appropriate distance from the counter.

IV. Physical Health Services

A. COVID-19 Testing and Treatment Services

DFSM will not require prior authorization or concurrent review for services related to testing, diagnosis, and/or treatment of COVID-19.

B. Facility Services

1. DFSM will remove prior authorization requirements for the following levels of care:
 - Acute Inpatient hospitalization;
 - Assisted Living Facilities/Centers;

Tribal Relations

Upcoming AHCCCS Special Tribal Consultation Meetings

- 6/4/2020, at 2 pm (Arizona time)
 - Webinar Link: <https://azgov.webex.com/azgov/onstage/g.php?MTID=edce54e79187721188d-582407063ea440>
 - Access Code: 288 420 938
 - Event Password: PKhKjr9b4a8
 - Audio Call-in: +1-415-655-0003 (US Toll)
- 6/18/2020 at 2 pm (Arizona time)
 - Webinar and Call-in Information Forthcoming

NOTE REGARDING AHCCCS TRIBAL CONSULTATION

MATERIALS: All meeting materials for AHCCCS Tribal Consultations meetings, including relevant slide decks and meeting recordings and/or summaries, are available on the [Tribal Consultation webpage](#). Please check this website regularly for updated meeting materials during this time.

Providers Can Be Reimbursed for COVID-19 Testing and Treatment of Uninsured Arizonans Through Federal HRSA Web Portal

The Families First Coronavirus Response Act authorized federal reimbursement for COVID-19 testing and testing related services for any uninsured individual.

Last week, the US Department of Health and Human Services, Health Resources & Services Administration (HRSA) announced the [COVID-19 Uninsured Program Portal](#). The COVID-19 Uninsured Program will provide reimbursement at Medicare levels to providers and facilities for coronavirus-related testing and treatment of the uninsured. Funding for the program is provided primarily through appropriations to the Provider Relief Fund, as well as \$1 billion from the Families First Coronavirus Response Act. The administration has not yet announced how much of the Provider Relief Funds will go towards the program.

To access the funds, health care providers must [register to participate](#) in the HRSA program. Once registered, those who have conducted COVID-19 testing or provided treatment to uninsured individuals on or after February 4, 2020 may request

claim reimbursement through the portal beginning May 6, 2020.

Providers will be required to verify and attest that the patient does not have individual or employer-sponsored Medicare or Medicaid coverage, and that no other payer will reimburse them for COVID-19 testing and/or treatment for that patient.

Providers can expect to begin receiving reimbursement in mid-May.

AHCCCS had received federal approval and was working on a separate eligibility category to cover the cost of COVID testing for uninsured individuals in Arizona. With the announcement of the federal portal, and the added benefit of payment for treatment as well, AHCCCS is suspending that effort and directing providers to the HRSA portal. This will lessen any provider confusion for how to access payment for the coverage of COVID-19 testing and care for uninsured individuals, and help to prevent any potential fraud.

AHCCCS Policies Open for Tribal Consultation as of 05/21/2020

AHCCCS provides a 45-day public comment and Tribal Consultation period before publishing any substantial policy changes.

At the link below, you will find policies currently open for Tribal Consultation and public comment. All policies are from the AHCCCS Contractor Operations Manual (ACOM) and the AHCCCS Medical Policy Manual (AMPMP). You will receive

acknowledgement that your comments have been received. AHCCCS cannot provide responses to individual comments.

Learn more about the [AHCCCS Tribal Consultation and Public Comment Process for Policy Changes](#).

Upcoming Training Schedule

Provider Training Schedule Second Quarter 2020

701 E. Jefferson St. Phoenix AZ 85034

The Division of Fee-For-Service Provider Training Unit holds virtual training sessions. To participate in an online training session, providers must register in advance. WebEx training reminders are [emailed via Constant Contact](#) prior to the scheduled training. Schedule is subject to change, and participants will be notified of any changes via [Constant Contact](#). When **registration is completed**, please do the following:

1. View the registration approval email that has been sent to you. This will contain the meeting password and instructions for joining the meeting. This registration email is automatically sent to the email address you used when registering. Please be sure to check your junk/spam folders for this email.
2. Enter the password on the WebEx “view more information about the meeting” page to display the “Join by Phone” call-in numbers.

***Participants MUST REGISTER in advance to participate in trainings.
Click on the WebEx Registration Links below to sign up.**

Information for New Providers	
Thursday, May 28 th , 2020 10:00 a.m. — 10:30 a.m. WebEx Registration Link	<u>Helpful Materials for Providers</u> Signing up for Constant Contacts , the Claims Clues Newsletter , the FFS Provider Billing Manual , the IHS/Tribal Provider Billing Manual , and the AHCCCS Medical Policy Manual (AMPM) Session will be held via WebEx Only
Wednesday, June 3 rd , 2020 10:00 a.m. — 10:30 a.m. WebEx Registration Link	<u>Provider Registration Overview and Basic Provider Information</u> An overview of Provider Registration & Materials , the Provider Participation Agreement , and the New Provider Check List . Session will be held via WebEx Only
Thursday, June 18 th , 2020 10:00 a.m. — 10:30 a.m. WebEx Registration Link	<u>Claim Submission using the AHCCCS Online Provider Portal</u> How to submit a claim using the AHCCCS Online Provider Portal . Session will be held via WebEx Only
Monday, June 29 th , 2020 10:00 a.m. — 10:30 a.m. WebEx Registration Link	<u>Checking a Claim Status using the AHCCCS Online Provider Portal</u> How to verify the status of a submitted claim. Session will be held via WebEx Only
Telehealth Training	
Tuesday, June 02 nd , 2020 9:30 a.m. — 11:00 a.m. WebEx Registration Link	<u>Telehealth Training for IHS and 638 Providers</u> Overview of general telehealth/telephonic policies and definitions, billing, claims, and a discussion regarding the “four walls” and their applicability to telehealth/telephonic services. Session will be held via WebEx Only
Thursday, June 11 th , 2020 1:00 p.m. – 2:00 p.m. WebEx Registration Link	<u>Telehealth Overview for FFS Providers</u> Overview of general telehealth/telephonic policies and definitions, billing, and claims submissions.
Wednesday, June 17 th , 2020 9:30 a.m. — 11:00 a.m. WebEx Registration Link	<u>Telehealth Training for IHS and 638 Providers</u> Overview of general telehealth/telephonic policies and definitions, billing, claims, and a discussion regarding the “four walls” and their applicability to telehealth/telephonic services. Session will be held via WebEx Only
Tuesday, June 23 rd , 2020 2:00 p.m. – 3:00 p.m. WebEx Registration Link	<u>IHS Telehealth Overview for IHS and 638 Providers</u> Overview of general telehealth/telephonic policies and definitions, billing, and claims submissions.

Upcoming Training Schedule Continued

Reviewing the Remittance Advice	
Wednesday, June 10 th , 2020 9:30 a.m. — 10:30 a.m. WebEx Registration Link	<u>AHCCCS Remittance Advice</u> Understanding the Remittance Advice Session will be held via WebEx Only
Office of Administrative Services (OALS) Claims Disputes Overview	
Wednesday, June 24 th , 2020 10:00 a.m. — 11:00 a.m. WebEx Registration Link	<u>OALS Claims Disputes Overview</u> An overview of what are valid claim disputes, ways to resolve disputes, the timeframes involved, and edit denial reasons. Session will be held via WebEx Only
Prior Authorization Requirements Due to COVID-19	
Wednesday, June 3 rd , 2020 10:00 a.m. – 11:00 a.m. WebEx Registration Link	<u>AHCCCS COVID-19 Prior Authorization and Concurrent Review Updates</u> FFS Prior Authorization requirements lifted due to COVID-19.
Monday, June 22 nd 1:00 p.m. – 2:00 p.m. WebEx Registration Link	<u>AHCCCS COVID-19 Prior Authorization and Concurrent Review Updates</u> FFS Prior Authorization requirements lifted due to COVID-19.